


# *CALIFORNIA'S PERFORMANCE OUTCOME SYSTEMS*



Overview and Training for the  
Children and Adult  
Performance Outcome Systems



# Training Overview

- Why Performance Outcomes?
- History of Performance Outcomes
- Children's Performance Outcome System:
  - Instruments
    - Child and Adolescent Functional Assessment Scale (CAFAS)
    - Child Behavior Check List
    - Youth Self-Report
    - Client Satisfaction Questionnaire
    - Client Living Environments Profile



# Training Overview (cont.)

- Adult Performance Outcome System:
  - Instruments
    - GAF
    - BASIS-32
    - CA-QOL/QL-SF
    - MHSIP
- Data Reporting
- What happens to the data???



# Why Performance Outcomes?

- National trends toward more accountability
- Competition for scarce resources
- Realignment legislation (1991)
  - Provided stable funding source based on sales tax revenue
  - Provided increased flexibility and local control of funds
  - Required counties to report performance outcomes
- California Mental Health Planning Council

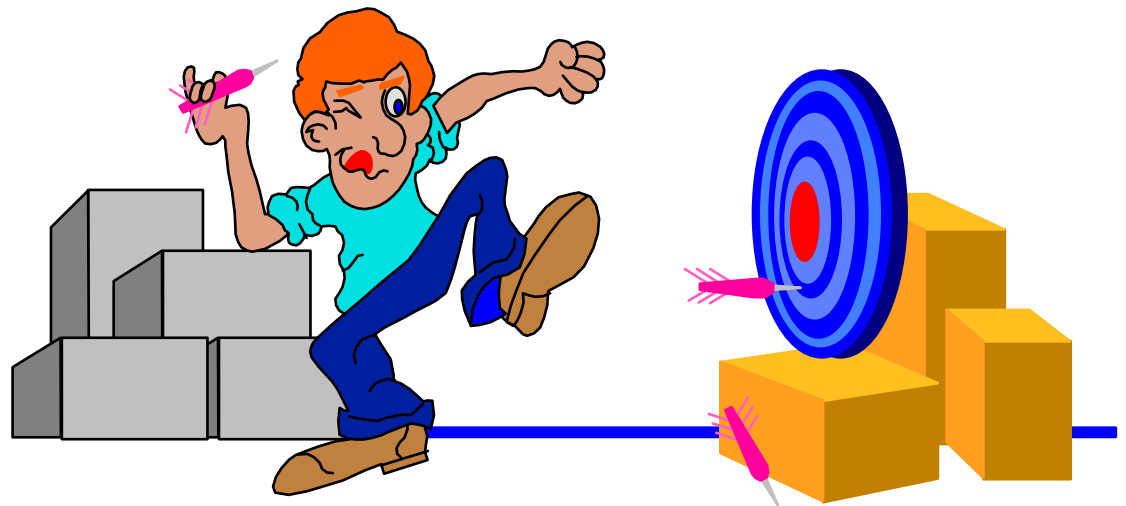
# The Children's Performance Outcome System



Implemented April 1, 1998

# Target Population

- The Children's Performance Outcome instruments are not required to be administered to *ALL* child and adolescent clients. Rather, they are intended for a specific *Target Population*.



# The Children's Performance Outcome Target Population Includes:



- Children who will (or have) receive(d) services for at least 60 days (those who typically receive a Coordinated Care Plan under the rehab option).
- **EXCEPTIONS**
  - Medication-only clients
  - Those short-stay or brief-intervention clients who are seen by the county's individual provider network (traditional fee-for-service clients).

# Schedule of Instrument Administration

- Each of the Children's Performance Outcome instruments is to be administered to each target population client at:
  - Intake  
(with the exception of the CSQ-8 which is not administered on intake)
  - Annually
  - Discharge



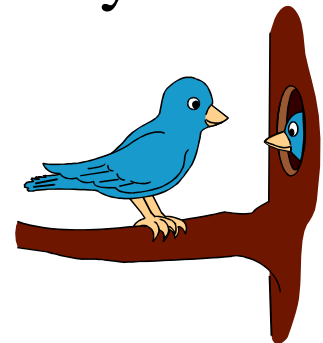
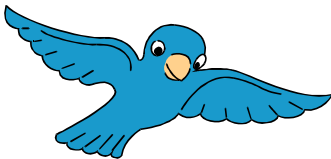
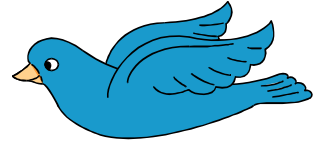


# Schedule of Instrument Administration Definitions

## Intake

Anytime within the first 60 days of service.  
This corresponds to the time that may elapse  
before a treatment plan is mandated to be  
developed.

Some also refer to this as the date when a  
coordinated care plan was traditionally  
required.



# Schedule of Instrument Administration

## Definitions



### ■ Annually

- Defined as a point either 12 months after:
  - Intake or
  - The last annual case review

### *NOTE:*

Clients currently in the system are to be administered the instruments when they come up for their annual case review. If they are currently receiving services when they are administered their first set of instruments, this will qualify as an “ANNUAL ADMINISTRATION”.

# Schedule of Instrument Administration

## Definitions

- **Discharge**

- The date at which the client exits from the county mental health system.



# Review of Instrument Administration Schedule



Intake	Annual	Discharge
CAFAS	CAFAS	CAFAS
CBCL	CBCL	CBCL
YSR	YSR	YSR
CLEP	CLEP	CLEP
	CSQ-8	CSQ-8

# Overview of the Instruments



**CBCCL**



**YSR**

**Children & Youth  
Performance Outcome  
Instruments**



**CAFAS**

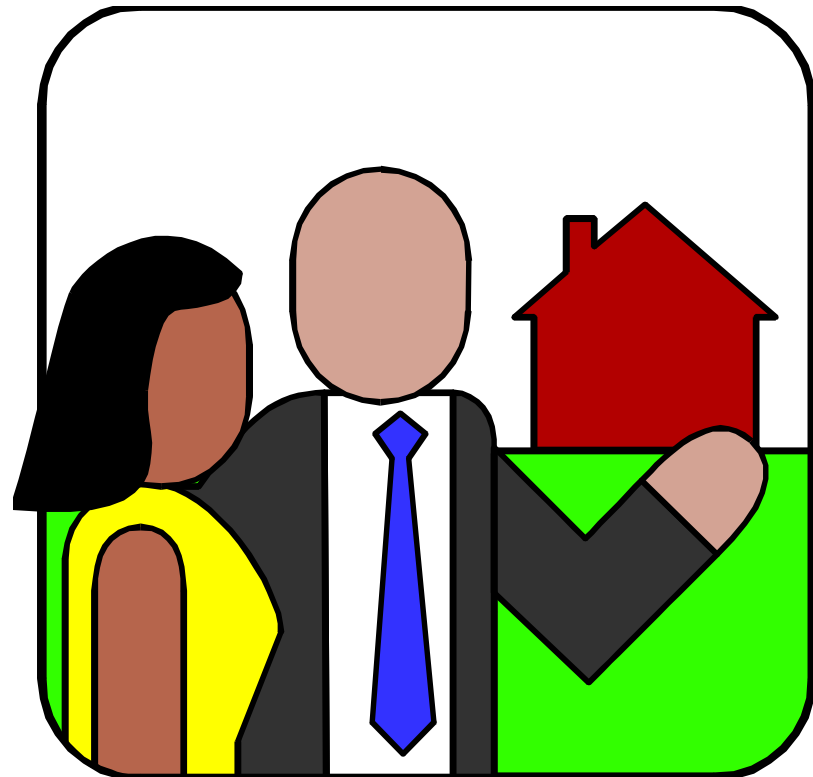


**CLEP**

# The Instruments

## Child Behavior Check List (CBCL)

- Provides the parent's perspective of child's functioning
- Evaluates competencies AND problems
- Assesses children ages 4-18
- Lengthy (takes 20 minutes to an hour to complete)

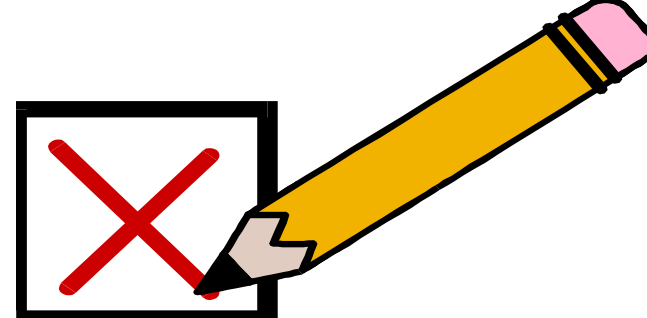


# The Instruments: Youth Self-Report (YSR)

- Provides the child's perspective of his or her functioning.
- Includes competencies AND Problems
- Assesses Youth ages 11-18
- Lengthy (Takes 20 minutes to an hour to complete.)



# CBCCL and YSR Scoring

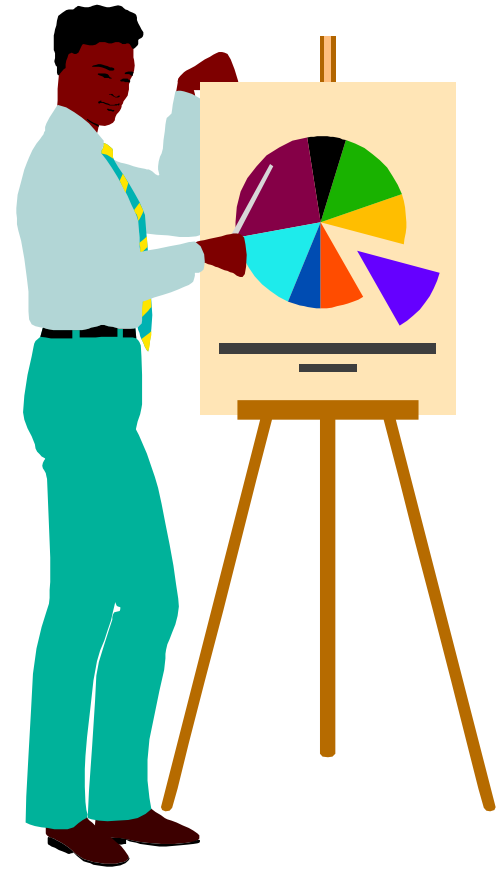


- While the CBCCL and YSR can be hand scored, it will most likely be scored for you.
- Requires the purchase of a software package
- The scoring software has been changed from DOS to Windows; counties will soon be required to purchase new forms.
- Scoring results are difficult to interpret, but the profiles are useful.



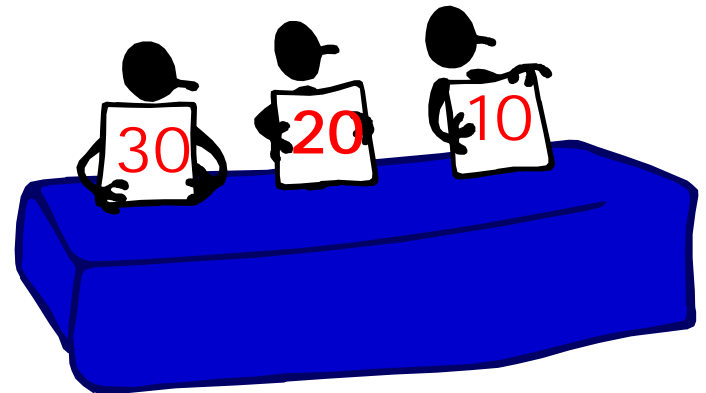
# The Instruments: Child and Adolescent Functional Assessment Scale (CAFAS)

- Clinician's perspective of child's functioning in a variety of environments/settings
- Ages 7-18
- Most liked of our tools
- Easy to complete (takes about 15 minutes)



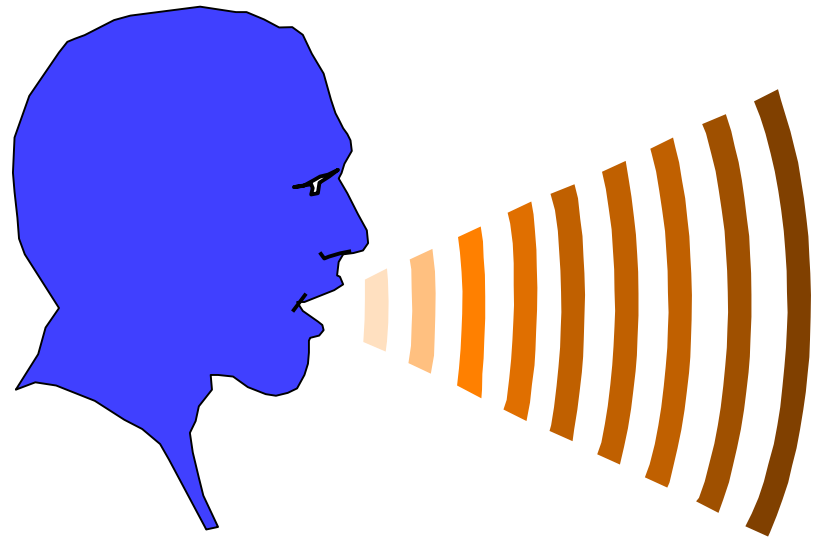
# Scoring the CAFAS

- Each scale gets a score of either:
  - 0 (Minimal or no impairment in functioning)
  - 10 (Mild impairment in functioning)
  - 20 (Moderate impairment in functioning)
  - 30 (Severe impairment in functioning)
- These are the only “legal” values for a CAFAS scale.



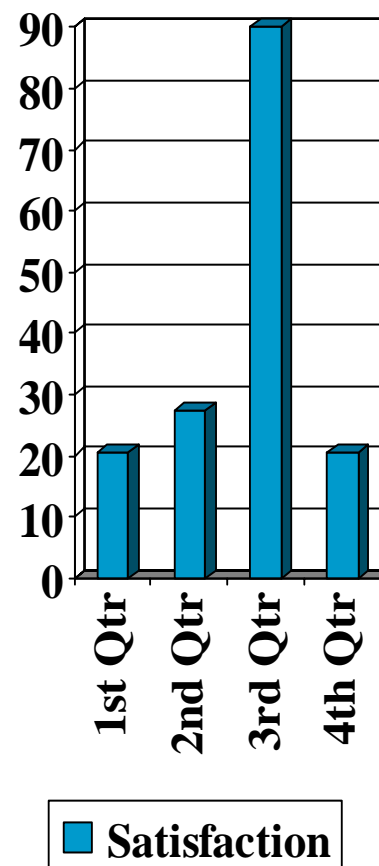
# The Instruments: Client Satisfaction Questionnaire (CSQ-8)

- 8 Question Survey
- Gives consumers (Parents) a voice in expressing their satisfaction or dissatisfaction with services
- Takes about 5 minutes to complete

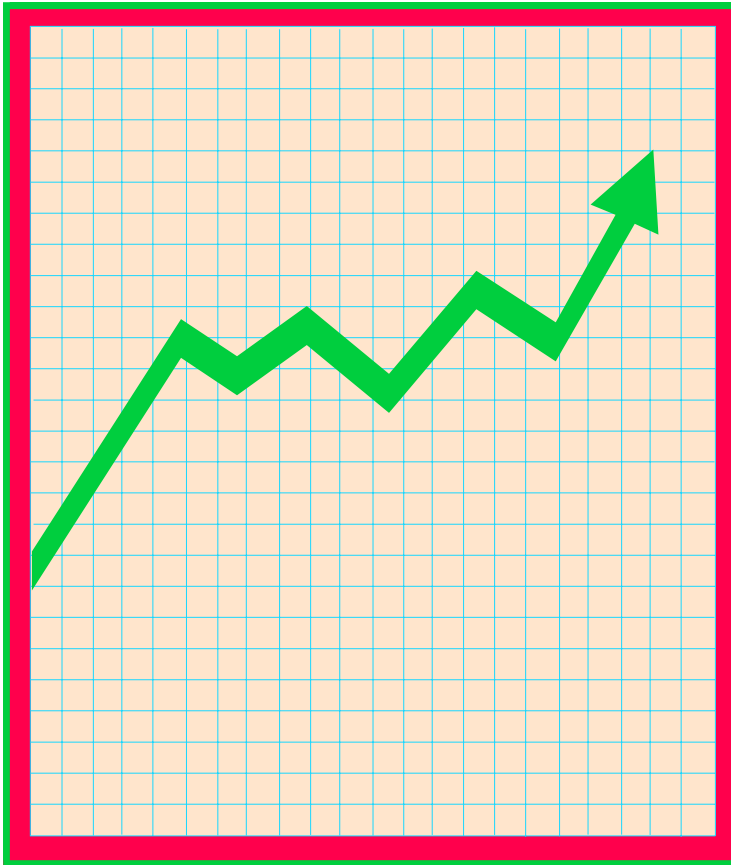


# Administering the CSQ-8

- Confidential!
  - Client's responses are NEVER to be returned directly to clinician
- Not to be stored in the clients' file with other instruments
- Assistance should be provided by:
  - Non-treating clinician
  - Peer counselor
  - Office staff



# Administering the CSQ-8 (*Continued*)



- When reported to the State, data must include either:
  - Client ID in CDS format, or
  - Gender, age, ethnicity, and method of administration

# The Instruments: Client Living Environments Profile (CLEP)

- Collects data on a child's living situation
  - Current living environment
  - Predominant living environment
- Can be completed by clinician or other informed person
- Takes about 5 minutes



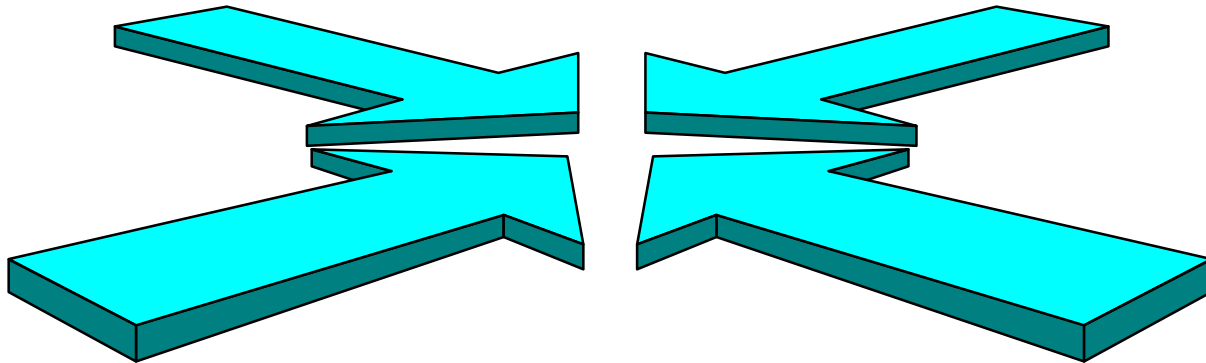
# The Adult Performance Outcome System



Implemented July 1, 1999

# Target Population

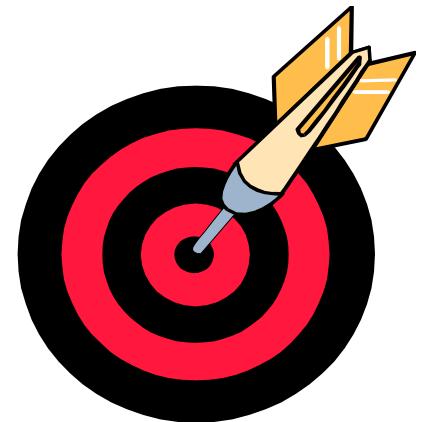
- The adult performance outcome (APO) instruments are not required to be administered to *ALL* adult clients. Rather, they are intended for a specific *Target Population*.





# Who is the Adult Performance Outcome Target Population?

- Those adults (age 18 - 59) who have a serious and persistent mental illness; and who
- Will (or have) receive(d) services for at least 60 days (Those who typically receive a Coordinated Care Plan under the rehab option).





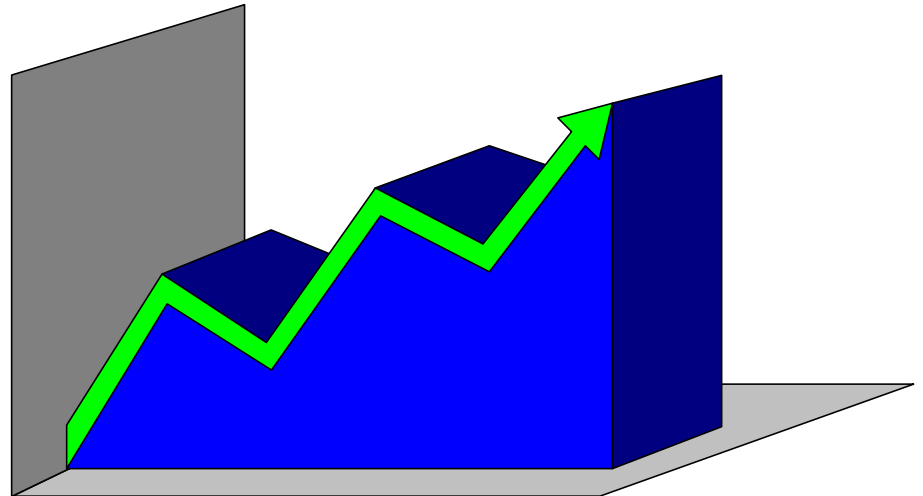
# Who is the Adult Performance Outcome Target Population?

## ■ **EXCEPTIONS**

- Medication only clients
- Those short stay or brief intervention clients who are seen by the county's individual provider network (traditional fee-for-service clients).
- Counties are not required to administer APO instruments to non-English speaking clients at this time. DMH will notify counties when appropriate translations become available.

# Schedule of Instrument Administration

- Each of the adult performance outcome instruments (with the exception of the MHSIP which is not administered on intake) is to be administered to each target population client at:
  - Intake
  - Annually
  - Discharge





# Supplemental Data

## ■ Two Face Sheets

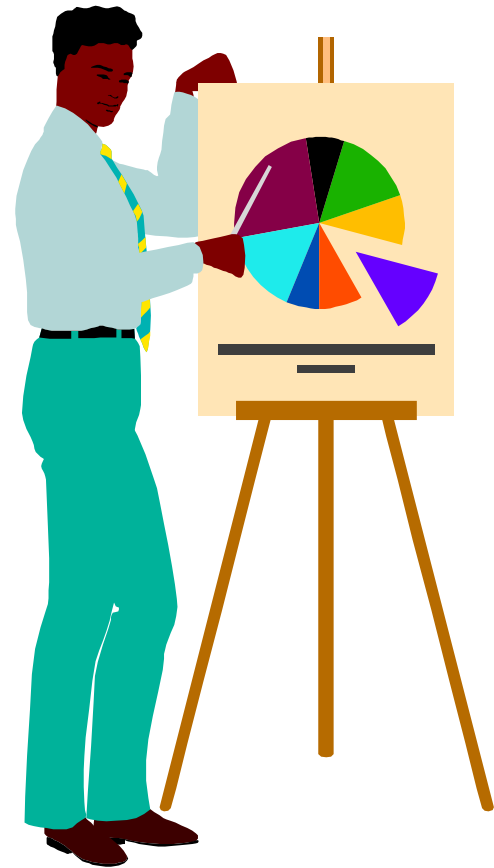
- Client Identification Face Sheet
  - Must be completed at either intake or, for existing clients, at the first annual review when they receive the instruments for the first time.
- Supplemental Client Information Face Sheet
  - Completed at intake, annually and at discharge.

**Note:** Counties are not required to use the specific face sheets developed by DMH. However, they must be able to provide the relevant data in the format specified in the Adult Performance Outcome Data Dictionary

# The Client ID Face Sheet

## ■ Required fields:

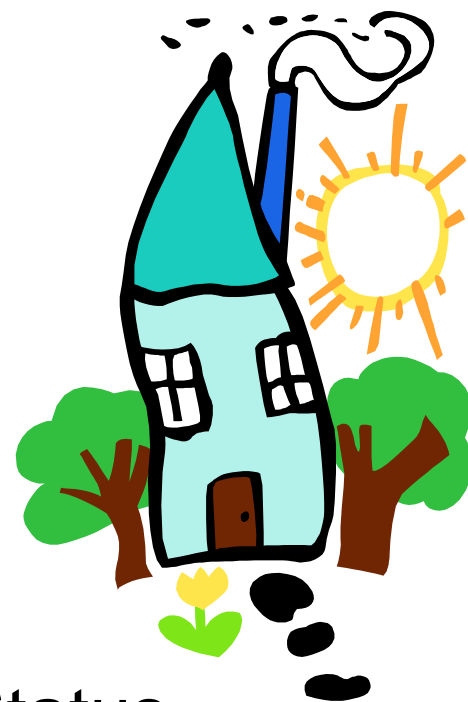
- Client ID Number
- County Code
- Ethnicity
- Gender
- Date of Birth
- Intake Date
- Principal Mental Health Diagnosis



# Supplemental Client Information Face Sheet

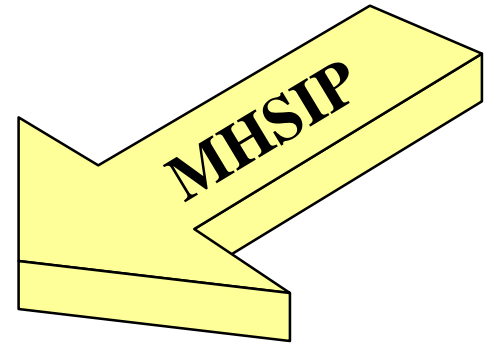
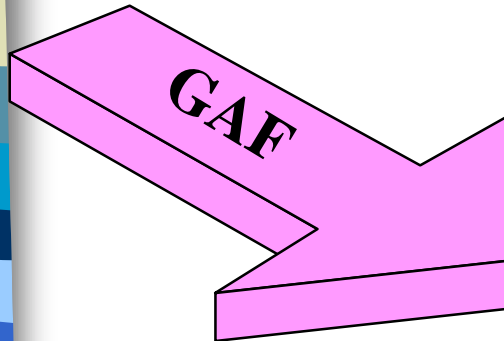
## ■ Required fields:

- Client ID Number
- County Code
- Link Date
- GAF Score
- Current Employment Status
- Current Living Arrangement
- Type of Discharge (only required at discharge)

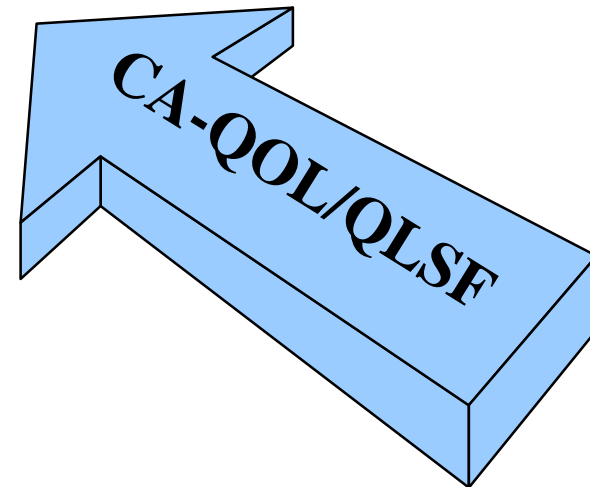
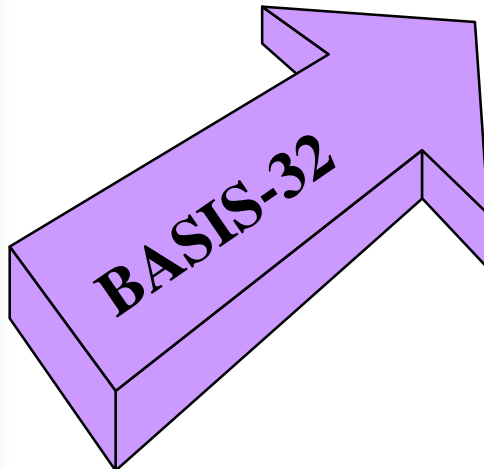


Note: If your county is up to date with CSI, this sheet is not required.

# Overview of the Instruments



**Adult Performance  
Outcome  
Instruments**



# Global Assessment of Functioning

- Public domain instrument
- A single global rating of client functioning
- Rating provided by clinician based on all available information of client functioning.
- Can range from 1 (Lowest) to 100 (Highest)





# Behavior and Symptom Identification Scale (BASIS-32)

- Client Self Report
- Requires completion of 32 items
- 5 domains are measured:
  - Relation to Self and Others
  - Depression/Anxiety
  - Daily Living Skills
  - Impulsive/Addictive Behavior
  - Psychosis



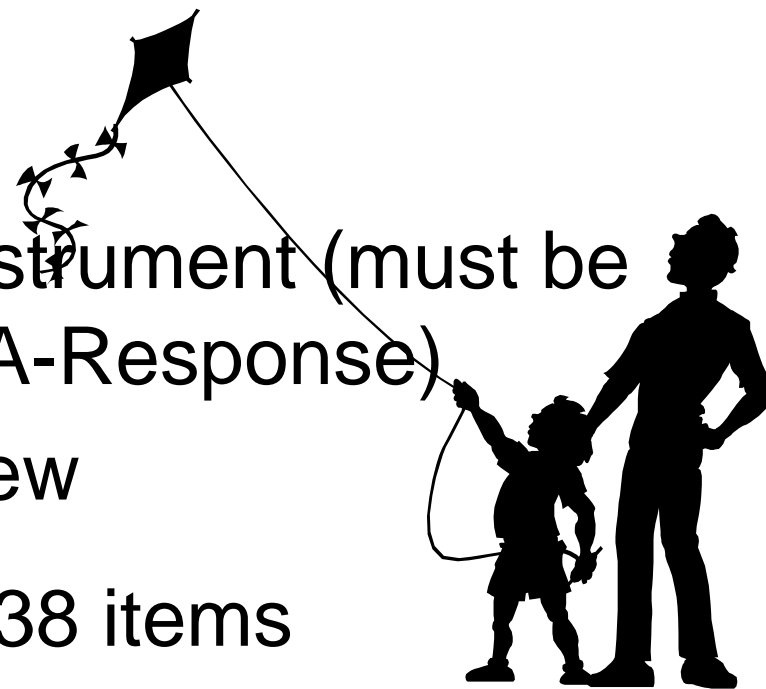
# Quality of Life

- Counties must choose one of the following to implement countywide:
  - Lehman's QL-SF
  - California Quality of Life Survey (CA-QOL)



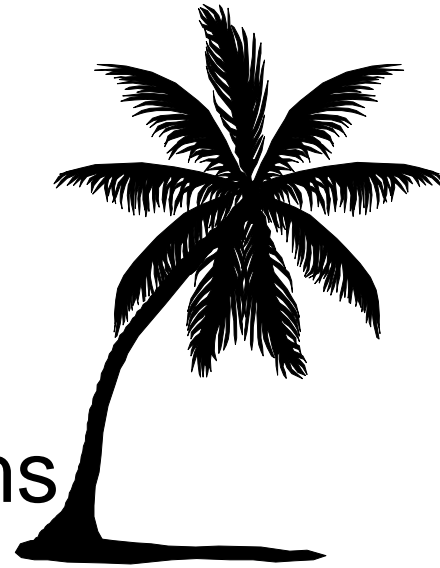
# Lehman's QL-SF

- **NOT** a public domain instrument (must be purchased through HCIA-Response)
- Client self-report/Interview
- Requires completion of 38 items
- Average time for completion: 20 minutes
- Domains measured: general living situation, daily activities and functioning, family and social relationships, finances, work and school, legal and safety issues, and health.



# California Quality of Life Survey (CA-QOL)

- Public domain instrument
- Client self-report/Interview
- Requires completion of 40 items
- Average time for completion: 18 minutes
- Measures same domains as QL-SF when supplemented with information from the DMH CSI data system.



# Mental Health Statistics Improvement Project (MHSIP) Consumer Survey

- Developed with the help of consumers
- Extensively pilot tested in a variety of states
- 26 items plus a few extra items to fulfill California's performance outcome needs
- Although client ID will be collected, strict confidentiality must be assured. Data should **not** be returned directly to clinician-  
-only aggregate data to be returned



# Review:

## Schedule of Instrument Administration

Intake	Annual	Discharge
GAF	GAF	GAF
BASIS-32	BASIS-32	BASIS-32
CA-QOL/QL-SF	CA-QOL/QL-SF	CA-QOL/QL-SF
	MHSIP	MHSIP



# Adult Performance Outcome Data System (APODS)

- Intended to help counties manage their adult performance outcome data.
- Designed as a single user application but may be loaded on a network.
- Some Minimum System Requirements
  - Pentium 133 or faster
  - 32 Megabytes of RAM
  - Windows 95, 97, or NT
  - Microsoft Access '97 **FULLY INSTALLED**



# APODS (cont.)

- APODS is FREE

The California Department of Mental Health and its staff make no guarantee, expressed or implied, and are not responsible for damage, loss or inconvenience resulting from a county or entity's voluntary use of this product.







# Data Reporting

...the moment you've all been waiting for!



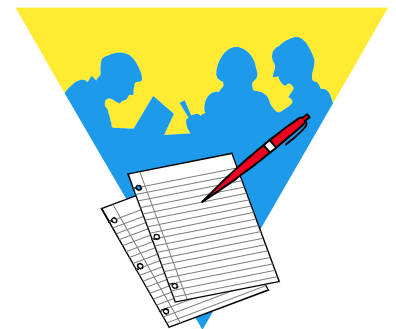
# **Data Reporting**

## **Children & Youth Timelines:**

- Data submissions to the Children's Performance Outcome System are required on a semi-annual basis.
- The first semi-annual data submission, covering the time period from July 1 to December 31, 1999 was due on February 15, 2000.

# Data Reporting Adult Timelines

- Initially data will be reported quarterly.  
(First quarter data was due in October 1999.)
- After system is working properly,  
reporting will be every six months.





# Data Dictionaries: Children/Youth and Adult

- All data MUST conform to the corresponding Data Dictionary otherwise it will be returned for correction and resubmission.

**Examples include, but are not limited to:**

- Data must be transmitted in a Fixed Width, ASCII text format. Width must be specified in accordance to the Data Dictionaries.
- Coding MUST match that of the Data Dictionaries.
- All required fields MUST be completed.



# Data Reporting

- Send zipped, password encrypted data electronically via:
  - Bulletin Board System (BBS) or
  - Information Technology Web Services (ITWS)

Note: DMH is migrating towards primary use of the ITWS

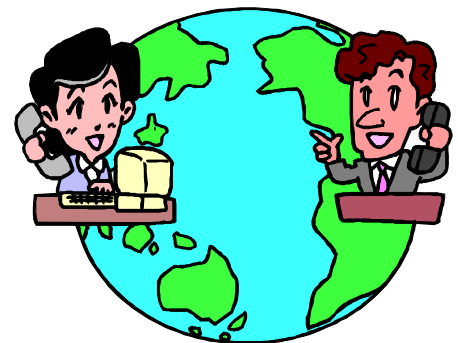
- How to get authorized for ITWS:

Primary person(s) responsible for posting data for Performance Outcomes must be authorized.

1. Log on to the DMH ITWS web site:  
<http://www.dmh.ca.gov/itws/default.htm>
2. Print an authorization form.

# Data Reporting (cont.)

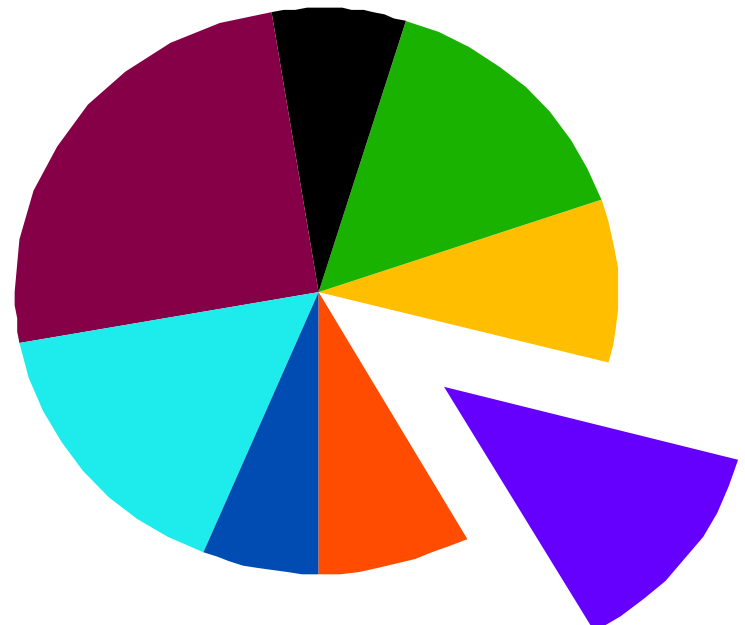
3. Complete the form and have primary approver (Cheryl Duerksen) or secondary approver (Doug Littlejohn) sign the form.
4. Once form is completed, fax the form back to the Department of Mental Health IT section and wait until notified that you have been authorized.
5. Contact IT if you have any questions or problems at (916) 654-3117.



# What happens to the data???

- Data are imported into DMH database
- Data are cleaned and scored
- Reports are mailed out

(Adult System reports implemented...Child & Youth soon to come!)



# Contacts...



- Jim Higgins (916) 654-0471
  - Manager of Research and Performance Outcomes
  - [Jhiggins@dmhhq.state.ca.us](mailto:Jhiggins@dmhhq.state.ca.us)

## Children's Program:

- Sherrie Sala-Moore (916) 654-0984
  - [Ssalamoo@dmhhq.state.ca.us](mailto:Ssalamoo@dmhhq.state.ca.us)
- Brenda Golladay (916) 654-3291
  - [Bgollada@dmhhq.state.ca.us](mailto:Bgollada@dmhhq.state.ca.us)





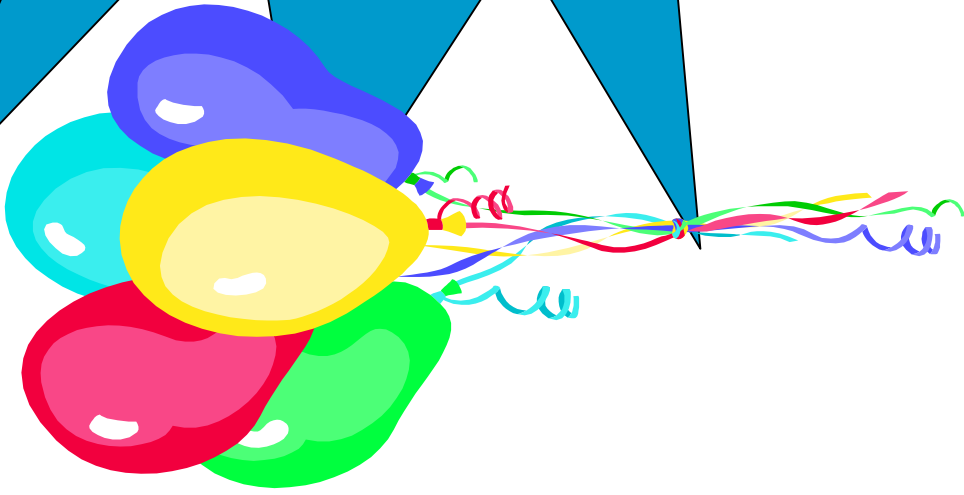
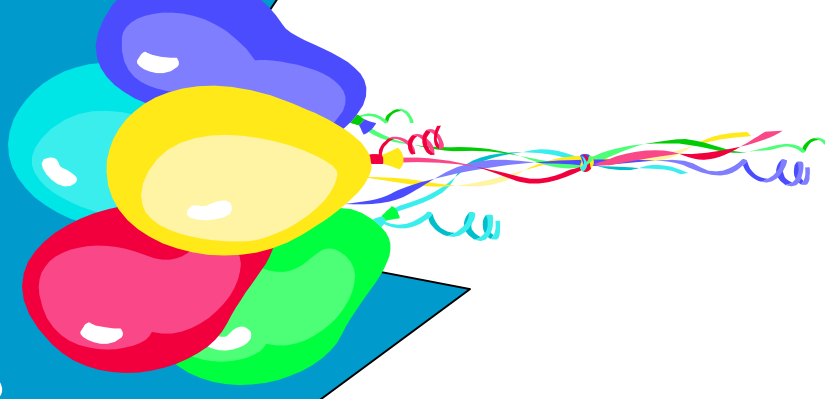
# Contacts

## Adult Program:

- Karen Purvis (916) 653-4941
  - Lead staff person for Adult System
  - [Kpurvis@dmhhq.state.ca.us](mailto:Kpurvis@dmhhq.state.ca.us)
- Traci Fujita (916) 653-3300
  - Assisting with Adult System
  - [Tfujita@dmhhq.state.ca.us](mailto:Tfujita@dmhhq.state.ca.us)
- Our Web Page
  - [www.dmh.cahwnet.gov/rpod/default.htm](http://www.dmh.cahwnet.gov/rpod/default.htm)



Thank You for Your Contribution!



Sincerely,

Department of Mental Health  
Research and Performance  
Outcome Development Unit